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IA ETHICS AND

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A

Disclosure Board 510 E. 12 th , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTION	NS, SEE BACK OF FORM SUMMARY PAGE	20	09 MAY 19	AH 10: 29		
	same as on Statement of Orga	anization		ORM			
Committee to Preserve	.	DR-2	DISCLOSURE				
IMPORTANT: Indicate by # type of (1) Statewide/Legislative/Judge S	1 1'	ev. 07/2007)	REPORT				
Li a locumente Committee (6	al Fo	Office Use On	ly				
(4) County Central Communes (5) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue			Co	Comm. #			
CANDIDATE COMMITTEES ONLY:			Log	ged in			
Candidate Name		Political Party (if applicable)		Scanned			
		·	1 1				
Office Sought		District (if Senate or House)	Au	Audited			
Late-reports are subject to possit	el Chair	rsuant to lowa Code sections 688.32 563-263-1485 TELEPHONE		.401(3), the ca -19-09 DATE S			
May 40, 20	200	PRODUCTION (A) ELECTION	N MON E	ECTION VE	A D		
AM FILING A May 19, 20		REPORT FOR (1) ELECTION Indicate by		LECTION TE	MR.		
•	port date)	_	/# LLJ				
☐CHECK IF AMENDMENT TO	O REPORT DATED		Local Comn	iltees, enter Da	te of Election		
		of Disposition Form DP-3	May	5, 2009			
Check if this is final (termina	ition) report and attach Notice to file reports until a DR-3 is filed), pissoigaon ronn bh-s. ,)	County & Lo	unty & Local Committees, enter County in ch Election is held			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	,		scatine			
STATEM	ENT OF CASH ON HAN)					
CASH ON HAND at the beginn	ing of the reporting period. (To	tal of all funds held by the	\$	1,243.78	8		
	TAKEN IN THIS PERIOD						
	********		0-				
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)				-()-		
Schedule H: Total Sa		-	0				
	applies to Candidates' Com						
4.5.4.5.		SUB-TOTAL	\$	1,243.	78		
SUBTRACT TOTAL	MONEY SPENT THIS PERIOD						
		(**also see debts and loans below)	-0)-		
		ie F)		-0)_		
	•	ort balance must be zero)		\$ 1,243	3, 78		
				2,50	0.00		
	ule D - Attach Schedule D\						
	ule D - Attach Schedule D) from Schedule E - Attach Sche		\$	-0	 -		
IN KIND CONTRIBUTIONS (F	rom Schedule E - Attach Sched	dule E)		<u>-0</u>			
IN KIND CONTRIBUTIONS (F	rom Schedule E - Attach Sched m Schedule F - Attach Schedu		\$	-0	-		
IN KIND CONTRIBUTIONS (F *OUTSTANDING LOANS (Fro CONSULTANT BREAKDOWN	from Schedule E - Attach Schedum Schedule F - Attach Schedule (Schedule G Attached?)	dule E)	\$		-		
IN KIND CONTRIBUTIONS (F OUTSTANDING LOANS (Fro	from Schedule E - Attach Schedum Schedule F - Attach Schedule (Schedule G Attached?) NLY:	dule E)	\$	-0	-		

(for Schedule D)

COMMITTEE NOTE: Debts Schedu	An "incurred goods or sei received, but end of the re	INCURRED INDEBTEDNESS CHECK THIS BOX IF AMENDING FORM curred debt* is a debt for or services ordered or ed, but not paid for by the ithe reporting period., lless of whether an invoice		
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS (SERVICES PROVIDED OF PURCHASED	₹	ALANCE OWED AT CLOSE OF REPORTING PERIOD*
05/05/09	Greater Muscatine Chamber of Commerce & Industry 102 Walnut Street Muscatine, IA 52761	Consulting, managing, ar organizing campaign	nd \$	2,500.00
		·		
	TOTAL \$			
	ERIOD \$			
*If actual figure is	Page	1of_1		

CANDIDATE COMMITTEES NOTE:

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

OR INSTRUCTIO	NS, SEE BACK OF FORM		RESET	SCHEDULE	DDC4KDOWA
COMMITTEE NA	ME(Must be same as on Statement o	t Organization)		(Rev. 02/08)	BREAKDOWN OF MONETARY EXPENDITURES
Committee to Preser∨e Local Healthcare					THIS BOX IF
PART I - NAME A	IND ADDRESS OF CONSULTANT			AMENDI	NG FORM
Name of Consu					
	scatine Chamber of Comme	rce & Industry			
Mailing Addres					
102 Walnu City	it Street State	Zip Code			
Muscatine	IA	52761			
CONTRACT PE	RIOD (MM/DD/YR)	TOTAL ANTICIPATED	COMPENSATION FOR PERFOR	MANCE	
From April 1	1, 2009				
To May 5	, 2009	\$ 2,500.00			
ESTIMATES OF I	DEDEORMANCE				
ESTIMATES OF	PERFORMANCE				
Consulting	, advertising, managing, and	l organizing campaid	an		
Outsuiting	, advertising, managing, and	organizing campai	91.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				······································	-
<u> </u>					
ART II- ITEMIZE	D BREAKDOWN OF UNREIMBURSI	ED EXPENSES PAID BY	CONSULTANT TO OTHERS IN F	ERFORMING S	ERVICES OF
ONTRACT (Thes	e expenses should NOT be reporte	ed on Schedule B, as the	y are direct payment from the co	onsultant.)	
EXPENDED	EXPENDED NAME AND ADDRESS TO WHOM B				INT
(MM/DD/YR)	(Disbursement) ver	43 MADE	PORPOSE	EXPEN	DED
				\$	
					1
				-	
			<u> </u>		
	-				
			SUB-TOTAL	s	
		TOTA	L (If last page of this schedule)	\$	
			Paga	1 of	1
			rage	(for Schedule	G)